



**2016  
Permit To Hunt From A  
Vehicle Application**

**Section 1 — Must be completed by the applicant.**

**ALS = Automated Licensing System**

- Montana hunting, fishing and other recreational licenses are issued via an automated licensing system (ALS).
- The first time you acquire a license through ALS, you will be assigned a **lifetime "ALS number"**.
- **The ALS number is your birthdate plus a number randomly issued by the automated system.**

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ ALS # \_\_\_\_ (see above)  
MM DD YYYY

Last 4 digits of your Social Security Number \_\_\_\_

**If you do not have an ALS number, you MUST provide the last 4 digits of your social security number.**

MANDATORY

Name		First	MI	Last	Jr. Sr.	Home Phone	Work Phone
Mailing Address (Your application cannot be processed if you list only a PO Box Number)					Physical Address		
City			State	Zip Code	Country <input type="checkbox"/> USA <input type="checkbox"/> Other _____		
<input type="checkbox"/> Female	Weight	Height	Hair	Eyes	Occupation		
<input type="checkbox"/> Male							
<input type="checkbox"/> Yes (FWP receives requests for mailing lists. Do you want your name included on lists provided by FWP to requestors?) <input type="checkbox"/> No							

Hunters with Permit to Hunt From a Vehicle authorization MUST BE accompanied by another person to assist with field dressing and/or recovery of a wounded game animal when hunting big game, MCA 87-2-803(4)(c).

I hereby affirm that I am capable of holding and firing legal firearms, without assistance from other persons.

If you are awarded a PTHFV, you are required to follow Permit to Hunt From A Vehicle Guidelines.

I hereby declare that all statements on this form are true and correct. I understand that if I subscribe to any false statement in this application I am subject to criminal prosecution. **MCA 87-6-302.**

**X**

SIGNATURE OF APPLICANT—Original Signature Required—Do Not Print  
(Faxed or photocopied signature not acceptable.)

\_\_\_\_\_  
Date

**Please Remember:**

- This permit must be used with a valid current year's hunting license and is nontransferable.
- This is a lifetime certification.
- Invalid or incomplete applications will be returned.
- Questions? —Call (406) 444-2535.

**Return completed application to:  
Montana Fish, Wildlife & Parks  
ATTN: Information Center  
1420 East 6th Avenue  
PO Box 200701  
Helena, MT 59620-0701**

**Check Your Application:**

- ☐ I have completely filled out MANDATORY Section 1.
- ☐ I have obtained the appropriate signatures from my health care provider in Section 2.

**LICENSES issued through the mail may take two weeks from time of receipt to process.  
Please allow adequate time.**

**Section 2 — Must be completed by one of the following licensed Health Care Providers; Medical Doctor (MD), Doctor of Osteopathy (DO), Advanced Practice Registered Nurse (APRN), Physician Assistant (PA) or Chiropractor (DC).**

Health Care Provider MUST check one or more of the following PERMANENT eligibility criteria.

**Patient Name** \_\_\_\_\_

- ☐ **Nonambulatory** means permanently, physically reliant on a wheelchair or a similar compensatory appliance or device for mobility.
- ☐ **Substantially Impaired Mobility** means virtual inability to move on foot due to a permanent physical reliance on crutches, canes, prosthetic appliances or similar compensatory appliances or devices.
- ☐ **Documented Genetic Condition** means a diagnosis derived from genetic testing and confirmed by a licensed physician. Licensed physician means a person who holds a degree as a doctor of medicine or doctor of osteopathy and who has a valid license to practice medicine or osteopathic medicine in this state. **If this box is checked only an MD or DO signature will be accepted below.**

\_\_\_\_\_  
*PRINT — Health Care Provider Name*

\_\_\_\_\_  
*Health Care Provider — Office Phone Number*

\_\_\_\_\_  
*PRINT — Health Care Provider Address*

\_\_\_\_\_  
*License # of Health Care Provider*

\_\_\_\_\_  
*Health Care Provider Signature*

\_\_\_\_\_  
*Date*